UNITED STATES BANKRUPTCY COURT EASTERN AND WESTERN DISTRICTS OF ARKANSAS

Procedures for Withdrawal of Unclaimed Funds

Applications for payment of unclaimed funds will only be processed when filed by either the owner of the funds or the owner's duly authorized agent or representative.

Upon receipt of the application, the financial department will review the application and supporting documentation for accuracy and validity, verify that the requested funds remain on deposit with the Court, and forward the application and supporting documentation to the Bankruptcy Judge for final disposition.

All checks issued as a result of an application submitted by an attorney or "funds locator" who has been retained by the claimant or other party entitled to the funds shall be made payable to the applicant <u>and</u> the claimant (or successor in interest to the original claimant). If the application is signed by an individual on behalf of a non individual, the check will be issued in the non individual (i.e. company) name.

Questions concerning these procedures should be directed to the Financial Officer, U. S. Bankruptcy Court, 300 W. Second Street, Little Rock, Arkansas 72201, (501) 918-5512 or (501) 918-5510.

UNITED STATES BANKRUPTCY COURT EASTERN AND WESTERN DISTRICTS OF ARKANSAS

In re:	Case No.

APPLICATION FOR UNCLAIMED FUNDS

I, the undersigned, under penalty of perjury or state) that the following statements and informa 1. I am applying to receive \$ following date(s) , on behalf of the state of t	tion are true and correct: , the total of all money deposited with the debtor or creditor whose name is	n the court by the trustee on the
2. [Please check and complete only the ONE applied	and whose SSN/Tax ID# cable subparagraph below]:	
A. I am the creditor/debtor named in parag	graph 1; and if not an individual, my title	is (e.g., owner, partner, etc.)
 B. I am an employee of the creditor/debtor The creditor/debtor is still legally entitled petition. C. I am the lawful attorney-in-fact for the attached original notarized power of attorner regarding powers of attorney. The following named in paragraph 1 (from filing of the club the company and the new and prior owners). 	d to the money and I am authorized by secreditor/debtor named in paragraph 1 are to file this petition. I am aware of all paragraph is the address, phone number, and a bridaim to present) which includes, if applications	and I am duly authorized by the pertinent state law requirements of history of the creditor/debtor ole, identification of any sale of
D. Subparagraphs A, B & C above do not a your claim and provide certified copies of originally entitled to the funds, sale of the the descendant's estate,etc.)]:	supportive documents (e.g., proof of the tr	ransfer of assets of the business
 I have no knowledge that any other party may be funds. Enclosed is a photocopy of photo identification I understand that, pursuant to 18 U.S.C. §152, I wor both, if I have knowingly and fraudulently made On I mailed BOTH: (a) the OUS. Bankruptcy Court, 300 W. Second St., Little R Fort Smith, AR 72902 (Western District) or P. O. Experiments. 	(e.g., driver's license or passport) of the a vill be fined not more than \$5,000, or imprie any false statements in this document. RIGINAL of this document (fully comple Rock AR 72201; AND (b) a COPY to the U	pplicant named below. isoned not more than five years, eted) to the office of the Clerk, J.S. Attorney at P. O. Box 1524,
Ā	Applicant's Name (Signature)	(Bar # if attorney)
A	Applicant's Name, Address & Telephor	ne Number:

Date: